

**Patient Presentation**

- Difficulty or inability to retract foreskin
- Discharge or bleeding from under an unretractile foreskin
- Palpable mass under an unretractile foreskin
- Penile skin lesion, ulcer or red patch
- Penile shaft lump/plaque/induration
- Penile shaft curvature with or without pain

**Assessment**

Consider

- Risk of STI
- Diabetes
- Poor personal hygiene
- Current dermatological skin conditions

Physical examination of

- External genital examination

Tests

- STI screen
- Check HbA1C or fasting glucose level

**Dermatitis and Balanitis**

Many products can cause irritation to penile skin eg cleansing and hygiene products, condoms, spermicide and lubricants, urine, sweat, smegma and over-washing

- Patient should be advised to avoid irritants on genital skin.
- Good hygiene, the penis should be regularly washed and thoroughly dried. Soap substitutes can be considered
- Optimise diabetic control
- Candida infection should be treated with Clotrimazole 1% for 2 weeks
- Topical steroid - moderate potency for 2-4 weeks

If recurrent balanitis with or without unretractile foreskin and wishing to consider surgery refer to Urology as Routine

**STI**

Primary Syphilis and genital Herpes simplex virus and M Pox can cause penile lesions

Refer to GUM clinic at Chalmers or Howden for assessment and treatment

If penile lesion persists despite treatment for STI refer to **Urology as Urgent Suspected Cancer**

**Penile Lesion**

Ulcerated area, hard lesion or mass arising from the penile skin refer to **Urology as Urgent Suspected Cancer**

**Red Patches**

Red macular lesions (flat, shiny) can be treated by

- Hygiene by regular washing with unscented soap and drying thoroughly under the foreskin

AND

- Moderately potent steroid (eg Clobetasone, Mometosone) twice daily for 2-4 weeks.

If the lesion persists, refer to **Urology as Urgent Suspicion of Cancer**

**Phimosis**

If palpable mass under an unretractile foreskin refer to **Urology as Urgent Suspicion of Cancer**

If unexplained bleeding or persistent discharge from under the foreskin refer to **Urology as Urgent Suspicion of Cancer**

If none of the above and patients wishing to consider surgery refer to **Urology as Routine**

**Subcutaneous penile shaft induration/plaque/lump**

**+/- penile curvature**

Subcutaneous penile shaft induration/plaque/lump which is not visible, with or without pain and curvature, is likely to be Peyronies disease and NOT penile cancer (Which arises from the skin).

Refer to Urology as Routine

Patients can be directed to BAUS link (below) while waiting for their appointment